

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) B. Date of Delivery  
 C. Signature *Justin Nor...* ☐ Agent ☒ Addressee  
 D. Is delivery address different from item 1? ☐ Yes ☐ No  
 Address below: ☐ No

Martin Carlson, Acting U.S. Attorney  
 Middle District of PA  
 228 Walnut Street, Suite 217  
 Harrisburg, PA. 17108-1754

Express Mail

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) B. Date of Delivery  
 C. Signature *Justin Nor...* ☐ Agent ☒ Addressee  
 D. Is delivery address different from item 1? ☐ Yes ☐ No  
 Address below: ☐ No

U.S. Attorney General, John Ashcroft  
 Room #511, Main Justice Building  
 10<sup>th</sup> and Constitution Avenue  
 Washington, D.C. 20530

Express Mail

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) B. Date of Delivery  
 C. Signature *A. J. G.* ☒ Agent ☐ Addressee  
 D. Is delivery address different from item 1? ☐ Yes ☐ No  
 Address below: ☐ No

Commissioner Immigration & Naturalization Dept.  
 425 I Street, Suite 7100  
 Washington, DC. 20536

Express Mail

Return Receipt for Merchandise

☐ Insured Mail ☐ C.O.D.

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) B. Date of Delivery  
 C. Signature *E.H.* ☐ Agent ☒ Addressee  
 D. Is delivery address different from item 1? ☐ Yes ☐ No  
 If YES, enter delivery address below: ☐ No

Article Addressed to:

USPC  
 Park Place 5550  
 Friendship Place  
 Bethesda, MD. 20005

Service Type

- ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

Article Number (Copy from service label)

7000 0520 0023 0164 7616

Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

1: CY-01-1235  
 7/10/01 Show  
 Cause  
 order  
 Hambo

PRSLC  
 fitto

FILED  
 HARRISBURG, PA

AUG 1 2001

MARY E. D'ANDREA CLERK  
 Per *Mary E. D'Andrea* Deputy Clerk

